## APPLICATION FOR GUBERNATORIAL REAPPOINTMENT

Name		Date of Birth  Year Round Resident?		
Town of Residence				
Occupation				
Home Mailing Addre	ss			
Business Address				
Phone (work)	(home)	(cell)	e-mail	
answers. A re		cluded. Please retu Commissions, Off Montpelier, VT 0	5609	
Name of board or con	nmission you are interest	ted in being reappoin	nted to:	
Where are you curren	tly employed?			
please do not include	any personal information	1.	oio may be used on a public website s	
state, county, or muni	cipal law, regulation, or	ordinance (exclude	or indicted for violation of any federaffic violations for which a fine or blease give details:	ral,
• • • • • • • • • • • • • • • • • • • •	•	applied, if known pu	ect poorly on the State of Vermont or blicly? If yes, please expla	
	ome statutes creating a be		s information to ensure	
I hereby certify that the best of my know		led in this applicati	on is true, correct and complete to	
Applicant's Signature	<u> </u>		Date	